

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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|   |
|   |

Office Use Only



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04/06/10--01023--006 \*\*130.00

TO APR -6 PH 1: 56
SECHETARY OF STATE
SECHETARY OF STATE

S. HAWKES

APR 7 2010

EXAMINER

# **COVER LETTER**

| TO:             | Registration Division of Co |   |   |  |
|-----------------|-----------------------------|---|---|--|
| SUBJI           | ECT: ACERD                  | LLC   |   |  |
| 3020            |                             |   | ted Liability Company   |  |
| The en          | closed Articles of          | of Organization and fee(s) are  | submitted for filing.   |  |
| Please          | return all corresp          | pondence concerning this mat  | ter to the following:   |  |
|                 | Geoff Goetz                 |   |   |  |
|                 |                             |   | Name of Person  |  |
|                 | ACERD LLC                   |   |   |  |
|                 |                             |   | Firm/Company  |  |
|                 | 5501 Comme                  | rce Drive Suite 101   |   |  |
|                 |                             |   | Address   |  |
|                 | Orlando Flori               | da 32839  |   |  |
|                 |                             |   | y/State and Zip Code  |  |
| -               | geoff.goetz@                | advantaclean.com E-mail address: (to be used)   | for future annual report notification)  |  |
| For fur         | ther information            | concerning this matter, please  | *   |  |
| Geoff           | Goetz                       |   | at ( 321 ) 228-7421   |  |
|                 | Name                        | of Person   | Area Code & Daytime Telep   | phone Number   |
| Enclos          | ed is a check for           | or the following amount:  |   |  |
| <b>⊒</b> \$125. | 00 Filing Fee               | ■\$130.00 Filing Fee & Certificate of Status  | □\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                 |                             | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C | ircle  |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## ACERD LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

Duinainal Office Addisons

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address:     | Maining Address:              |
|-------------------------------|-------------------------------|
| 5501 Commerce Drive Suite 101 | 5501 Commerce Drive Suite 101 |
| Orlando Florida 32839         | Orlando Florida 32839         |
|                               |                               |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Geoff Goet | Z  |
|------------|--|
|            | Name   |
| 5501 Com   | merce Drive Suite 101                            |
|            | Florida street address (P.O. Box NOT acceptable) |
| Orlando    | FL 32839   |
|            | City, State, and Zip                             |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |  |
|---|--|--|
| MGRM  | 5501 Commerce Drive Suite 101  |  |
|   | Orlando Florida 32839  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| (Use attachment if necessary)                   |  |  |
|   | date of filing: 04/01/2010 . (OPTION e specific and cannot be more than five business d                |  |
|   |  |  |
| REQUIRED SIGNATURE:                             |  |  |
| CM C  | er or an authorized representative of a member.  |  |
| Signature of a member                           | ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury |  |

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\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)